

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							<small>SERIAL NO.</small> <div style="border: 1px solid black; padding: 2px;">19780665</div>	<small>FILING DATE</small> <div style="border: 1px solid black; padding: 2px;">02-08-01</div>					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
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39		/					89						
40		/					90						
41	/						91						
42	/						92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	38						TOTAL DEP.						
TOTAL CLAIMS	42						TOTAL CLAIMS						